

Best Available Copy

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)							SERIAL NO.	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	INO.	DEF.	INO.	DEF.	INO.	DEF.		INO.	DEF.	INO.	DEF.	INO.	DEF.
1							61						
2							62						
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38							98						
39							99						
40							100						
41													
42													
43													
44													
45													
46													
47													
48													
49													
50													
TOTAL INO.	2						TOTAL INO.						
TOTAL DEF.	12						TOTAL DEF.						
TOTAL	14						TOTAL						